



PARISH REGISTRATION FORM

St. Mary's Church

P.O. Box 547

12 William St. Newport, RI 02840



Parish Status:
Active / Inactive

Date: _____

Last Name: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Email: _____

Our parishioners are encouraged to support our parish with their Time, Talent and Treasure.

Would you like to receive weekly Budget Envelopes? YES NO

Would you be willing to contribute via Online Giving? YES NO

Male Head of Household (Name): _____

Date of Birth: _____ Religion: Catholic _____ or Other: _____

Years of Education: _____ Marriage Status: Single _____, Married _____, Widowed _____, Divorced _____

Married in the Church: Yes _____, No _____ Date & Place of Marriage: _____

Cell Phone: _____ Email: _____

Occupation: _____ Place of Business: _____

Would you be interested in Volunteering: _____

If so, in what ministry(s)? _____

Female Head of Household (First Name): _____ (Maiden name): _____

Date of Birth: _____ Religion: Catholic _____ or Other: _____

Years of Education: _____ Marriage Status: Single _____, Married _____, Widowed _____, Divorced _____

Married in the Church: Yes _____, No _____ Date & Place of Marriage: _____

Cell Phone: _____ Email: _____

Occupation: _____ Place of Business: _____

Would you be interested in Volunteering: _____

If so, in what ministry(s)? _____

Is there anything you would like to share with us about you or your family?:

CHILDREN: *List from oldest to youngest. List only those living at home (or away at school)*

Name: _____ Date of Birth: _____

Baptized: _____ First Communion: _____ Confirmed: _____ Rel Ed grade: _____

School: _____ Grade: _____

Name: _____ Date of Birth: _____

Baptized: _____ First Communion: _____ Confirmed: _____ Rel Ed grade: _____

School: _____ Grade: _____

Name: _____ Date of Birth: _____

Baptized: _____ First Communion: _____ Confirmed: _____ Rel Ed grade: _____

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School: _____ Grade: _____

Name: _____ Date of Birth: _____

Baptized: _____ First Communion: _____ Confirmed: _____ Rel Ed grade: _____

School: _____ Grade: _____

List any other members of your household: Name / Date of Birth / Marital Status / Relationship / Housebound?